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Colorado Springs, Colorado  
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### Canine Infectious Disease Risk Assessment Form

**PERSONAL INFORMATION:**

Owner's Name: \_\_\_\_\_ Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Pikes Peak Veterinary Clinic uses this Risk Assessment to determine which vaccinations your pet should receive. It is not our belief that every animal needs to receive vaccinations for every disease if their lifestyle does not put them at risk for those diseases. Please answer every question to help us provide the best possible protection for your pet. Should you have any questions, please do not hesitate to ask.

**Please answer the following lifestyle questions about your dog:**

- 1. Does your dog go to dog parks or daycare? Y N
- 2. Do you board your dog? Y N
- 3. Does your dog swim in lakes, ponds or canals? Y N
- 4. Do you camp/hike with your dog? Y N
- 5. Does your dog go to a groomer? Y N
- 6. Does your dog urinate/defecate on paper? Y N
- 7. Do you travel with your dog? Y N If Yes, to where? \_\_\_\_\_
- 8. Does your dog eat other animals' poop? Y N
- 9. Does your dog visit other dogs either at your home or someone else's? Y N
- 10. Do you have contact with other animals without your pet (e.g. volunteering at a rescue)? Y N
- 11. Does your dog participate in activities where he/she comes in contact with other animals? (i.e. training, showing or breeding) Y N
- 12. Does your dog have access to food/water outside where other animals do as well? Y N
- 13. Does your dog have a history of any serious illness? Y N If yes, what and when? \_\_\_\_\_  
\_\_\_\_\_
- 14. Is your dog on any medications/supplements? Y N Please list: \_\_\_\_\_
- 15. Does your dog have a history of any kind of reaction to vaccines? Y N Please describe? \_\_\_\_\_  
\_\_\_\_\_

Based on the answers you provided, we recommend the following personalized prevention protocol for your pet.

Rabies\_\_\_\_ Distemper/Parvo\_\_\_\_ Heartworm Test/Prevention\_\_\_\_ Influenza\_\_\_\_ Bordetella\_\_\_\_  
Leptospirosis\_\_\_\_ Rattlesnake\_\_\_\_ Flea/Tick Prevention\_\_\_\_ Other \_\_\_\_\_

I, \_\_\_\_\_, have been educated by the staff at Pikes Peak Veterinary Clinic about the benefits & risks to testing for, vaccinating and giving preventative medications to my dog. If my pet's lifestyle or risk of exposure changes at any time, I will contact your office so we can determine if additional protection is recommended.

Check the following if declined:

Rabies\_\_\_\_ Distemper/Parvo\_\_\_\_ Heartworm Test/Prevention\_\_\_\_ Influenza\_\_\_\_ Bordetella\_\_\_\_  
Leptospirosis\_\_\_\_ Rattlesnake\_\_\_\_ Flea/Tick Prevention\_\_\_\_ Other: \_\_\_\_\_

I, \_\_\_\_\_, give verbal confirmation that my pet has received the above checked vaccinations and does not need to be vaccinated by Pikes Peak Veterinary Clinic. I have not provided paperwork proving these vaccinations were done.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor: \_\_\_\_\_ Date: \_\_\_\_\_